

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF

COURT CASE NUMBER

09-2120-JPM

MELISSA A. SIMPSON

DEFENDANT

TYPE OF PROCESS

Summons & Complaint

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Behavior Service of Tennessee Registered Agent: Carlos Gonzales

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

1155 Cully Road, Cordova, TN 38016

AT

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

**Melissa A. Simpson
5363 Clinchport Circle
Memphis, TN 38127**

Number of process to be served with this Form - 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

FoldFold

2009 JUN 27 PM

P.M.

17/2009

Signature of Attorney or other Originator requesting service on behalf of:

**THOMAS M. GOULD, CLERK
BY Deputy Clerk: *Earline Goyer***
 PLAINTIFF
 DEFENDANT

TELEPHONE NUMBER

901-495-1200

DATE

17/17/2009

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.

(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

District to Serve

Signature of Authorized USMS Deputy or Clerk

Date

No. 76No. 76*Cg*

1/21/09

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

 A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service Time am

1/23/09 pm

Signature of U.S. Marshal or Deputy

William E. Lauter

| Service Fee | Total Mileage Charges (including endeavors) | Forwarding Fee | Total Charges | Advance Deposits | Amount owed to U.S. Marshal or | Amount of Refund |
|--------------|---|----------------|---------------|------------------|--------------------------------|------------------|
| <u>55.00</u> | | <u>800</u> | <u>6300</u> | | | |

REMARKS:

*7-21-09 Cert. filed mail 7008183000228080625
7-23-09 Return Receipt card received*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

R/A- Carlos Gonzales
 Behavior Service of TN
 1155 Cully Road
 Cordova, TN 38106

| | | |
|--|------------------------------|--|
| A. Signature <i>Judy Deacock</i> | | <input type="checkbox"/> Agent <input type="checkbox"/> Addressee |
| B. Received by (Printed Name) | C. Date of Delivery 7/209 | |
| D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No | | |
| 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. | | |
| 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | | |

7008 1830 0002 2808 0625

PS Form 3811, August 2001

Domestic Return Receipt

ZACPRI-03-Z-0985